

MARIETTA POLICE PERMIT APPLICATION

TYPE OF PERMIT: TAXI_____ ALCOHOL MANAGER_____ OTHER_____

DATE OF APPLICATION_____ WORK PHONE #_____

RENEWAL OR NEW APPLICATION_____ HOME PHONE #_____

BUSINESS NAME_____

BUSINESS ADDRESS_____

NAME OF APPLICANT_____

HOME ADDRESS_____

CITY, STATE, ZIP CODE_____

DATE OF BIRTH_____ AGE_____

RACE_____ SEX_____ HEIGHT_____ WEIGHT_____ EYES_____ HAIR_____

SOCIAL SECURITY #_____

DRIVERS LICENSE #_____ STATE_____

OWNER OF ABOVE BUSINESS_____

YOUR POSITION AT THE BUSINESS_____

LIST DATES & PLACES OF EMPLOYMENT FOR THE PAST FIVE YEARS_____

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A FELONY?_____ IF YES, LIST
DATES, POLICE AGENCY, CHARGES AND DISPOSITION OF CHARGES_____

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A MISDEMEANOR? _____
IF YES, LIST DATES, POLICE AGENCY, CHARGES AND DISPOSITION OF
CHARGES _____

HAVE YOU EVER BEEN FINGERPRINTED? _____ IF YES, LIST WHEN, WHERE & WHY _____

HAVE YOU PREVIOUSLY BEEN ISSUED A PERMIT BY THE CITY OF MARIETTA? _____
IF YES, LIST TYPE AND DATE _____

HAVE YOU PREVIOUSLY BEEN ISSUED A PERMIT BY ANY OTHER JURISDICTION FOR THIS
PURPOSE? _____ IF YES, LIST DATES AND PLACES _____

PLACE OF BIRTH (STATE) _____ (COUNTRY) _____

ARE YOU A U.S. CITIZEN? _____ ALIEN REGISTRATION # _____

NATURALIZED DATE _____ CERTIFICATE # _____

LIST ANY AND ALL ALIASES, NICKNAMES, MAIDEN NAMES,
ETC. _____

TAXI APPLICANTS ONLY

LIST ALL TRAFFIC CITATIONS AND DISPOSITIONS FOR THE PAST FIVE YEARS. INCLUDE
DATES AND POLICE AGENCY _____

HAVE YOUR DRIVERS LICENSE EVER BEEN SUSPENDED IN GEORGIA OR ANY OTHER
STATE? _____ IF YES, LIST DATES AND POLICE AGENCY _____

THE FOLLOWING IS A TEST DESIGNED TO SHOW YOUR KNOWLEDGE OF THE CITY CODES IN REFERENCE TO THE OPERATION OF A TAXI CAB AND YOUR KNOWLEDGE OF THE STREETS AND LOCATIONS WITHIN THE CITY OF MARIETTA. A SCORE OF 70 OR BETTER IS NECESSARY FOR YOU TO RECEIVE YOUR TAXI PERMIT.

1. GIVE DIRECTIONS FROM POWDER SPRINGS ST. @ SANDTOWN RD. TO KENNESTONE HOSPITAL_____

2. GIVE DIRECTIONS FROM ROSWELL RD. & COBB PKWY. TO THE MARIETTA POLICE DEPARTMENT_____

3. EACH PERSON OPERATING OR ENGAGING IN THE TAXICAB BUSINESS SHALL MAINTAIN EACH VEHICLE THUS OPERATED IN A GOOD, SAFE, AND SERVICEABLE MECHANICAL CONDITION?_____TRUE OR FALSE

4. NO TAXICAB DRIVER PERMIT SHALL BE ISSUED TO ANY PERSON WHO HAS BEEN CONVICTED OF A FELONY WITHIN FIVE YEARS OF THE DATE OF THE APPLICATION FOR THE PERMIT?_____TRUE OR FALSE

5. THE EXPIRATION OF ALL CITY OF MARIETTA TAXI DRIVER PERMITS IS DECEMBER 31 OF THE CURRENT YEAR?_____TRUE OR FALSE

6. EACH TAXICAB DRIVER MUST AT ALL TIMES CARRY WITHIN THE VEHICLE A CARD OR POSTER PLAINLY MARKED AND STATING THE MAXIMUM PRICE PER TRIP PER PASSENGER TOGETHER WITH ALL OTHER CHARGES FOR HIRE?_____TRUE OR FALSE

7. EACH TAXI CAB OPERATED IN THE CITY OF MARIETTA MUST HAVE THE NAME OF THE BUSINESS PAINTED ON EITHER SIDE OR THE REAR OF THE VEHICLE?_____TRUE OR FALSE

8. GIVE DIRECTIONS FROM THE MARIETTA SQUARE TO KENNESTONE HOSPITAL_____

9. LIST THREE LOCATIONS, INCLUDING THE STREET NAME, TO RECEIVE MEDICAL ATTENTION IN THE CITY OF MARIETTA_____

10. A DRIVERS PERMIT MAY BE SUSPENDED BY THE CHIEF OF POLICE IF A DRIVER IS CONVICTED OF THE VIOLATION OF ANY TRAFFIC LAWS WHILE OPERATING A TAXICAB?_____TRUE OR FALSE

UNDER GEORGIA CRIMINAL CODE SECTION 16-10-20, ANY PERSON WHO KNOWINGLY AND WILLFULLY FALSIFIES, CONCEALS OR COVERS UP BY ANY TRICK, SCHEME OR DEVICE, MAKES A FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR REPRESENTATION, SHALL UPON CONVICTION, BE PUNISHED BY A FINE OF NOT MORE THAN \$1,000.00 OR BY IMPRISONMENT FOR NOT LESS THAN ONE YEAR NOR MORE THAN FIVE YEARS, OR BOTH.

I HAVE READ AND UNDERSTAND THAT ANY FALSEHOOD OR HALF-TRUTH SUBMITTED IN THIS APPLICATION IS A FELONY AND WILL RENDER ME INELIGIBLE FOR A CITY OF MARIETTA WORK PERMIT. I ALSO UNDERSTAND THAT ANY FALSEHOOD OR HALF-TRUTH DISCOVERED BY INVESTIGATORS DURING THE TERM OF THIS PERMIT WILL BE GROUNDS FOR ITS REVOCATION AND MY SUBSEQUENT PROSECUTION.

I SWEAR THAT THE INFORMATION CONTAINED WITHIN THIS APPLICATION TO BE THE TRUTH AND THAT IT CONTAINS NO FALSIFICATIONS OR MISREPRESENTATIONS OF THE FACTS. I HEREBY AUTHORIZE MARIETTA POLICE DEPARTMENT TO OBTAIN AND REVIEW COPIES OF ANY CRIMINAL AND/OR DRIVERS HISTORIES IN MY NAME OR ANY ALIAS USED BY ME IN THE PAST OR AT THE PRESENT. I UNDERSTAND THAT THIS INFORMATION MAY BE USED AGAINST ME DURING THE COURSE OF THIS INVESTIGATION.

SIGNATURE

DATE